G·T·L

Guarantee Trust Life Insurance Company

NEW BUSINESS SUBMISSION REQUIREMENTS:

COLLEGE/UNIVERSITY ACCIDENT AND SICKNESS

2010 - 2011 School Year

Name of School: _____

Address: _____

City and State: _____

	RATES*	FEES*	PREMIUM	CLAIMS	BROCHURES	LOSS%	STUDENTS ENROLLED
2006/2007	_____	_____	_____	_____	_____	_____	_____
2007/2008	_____	_____	_____	_____	_____	_____	_____
2008/2009	_____	_____	_____	_____	_____	_____	_____
2009/2010	_____	_____	_____	_____	_____	_____	_____

What services are offered by the on-campus Student Health Center?*

_____ None _____ Dispensary

_____ Clinic staffed by Nurse _____ Clinic staffed by Physician

If we are to reimburse the SHC for any charges, the schedule for all current procedures and charges along with the claims information and proposed charges for the next academic year must be submitted.

*These fields must be completed by Agent/School - others can be used as a checklist with all data attached

AGENCY: _____

CONTACT PERSON: _____

ARE YOU CURRENTLY APPOINTED WITH GTL: YES _____ **NO**_____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

COMPENSATION: _____%

DUE DATE: _____

Please submit data to: StudentQuotes@GTLIC.com
or fax to: Special Risk Department (847) 803-1835